Image# 29933509394 047/45#2009 18:17

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	1
HUMANE SOCIETY LEGISLATIVE FUND	
11011/11/12 0001211 223102111721 0115	
(b) Address (number and street)	
(c) City, State and ZIP Code	
WASHINGTON DC 20002	3. FEC Identification Number
2. Corporate filers only	<b>C</b> C90009358
Is the filer a qualified nonprofit corporation?	
Individual filers only Name of Employer	Occupation
	·
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Notice
July 15 Quarterly Report	
☐ October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \( \subseteq \text{No } \( \textbf{X} \)	
5. COVERING PERIOD: FROM 01 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
M M / D D / Y 2009	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EVERNINITURES	205.45
7. TOTAL INDEPENDENT EXPENDITURES	203.43
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Janet Piateski	04/15/2009
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	
The state of the s	F 9.

For further information, contact

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

# Image# 29933509395 SCHEDULE 5-E

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FOR LI	NE 7 FOR FORM 5

NAME	OF	FIL	.ER	(In	Full)
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HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee		Date
Kristian Connolly		M M / D D / Y Y Y
Mailing Address		0.3 20 2009
1712 Corcoran St., NW Apt #6		Amount
City State	Zip Code	12.26
Washington DC	20009	
Purpose of Expenditure	Category/	Office Sought: X House State: NY
Staff Time	Туре	House
Name of Federal Candidate Supported or Opposed by Expenditure.	:	President District: 20
James Tedisco		Check One: X Support Oppose
		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	205.45	2009 — —
		Other (specify)
Full Name (Last, First, Middle Initial) of Payee Sara Amundson		Date
Sara Amundson		0.3
Mailing Address		Amount
1627 A Street, NE		
City State	Zip Code	5.74
Washington DC	20002	
Purpose of Expenditure	Category/	Office Sought: X House State: NY
Staff Time	Type	House Senate District: 20
Name of Federal Candidate Supported or Opposed by Expenditure	:	President President
James Tedisco		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	205.45	2009 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		
Mike Markarian		Date
NA-T Address		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1206 Maryland Avenue, NE		Amount
	7'- 0-4-	32.91
City State Washington DC	Zip Code 20002	
Purpose of Expenditure		Office Sought: Y House Carry NY
Staff Time	Category/ Type	State: 141
Name of Endoral Candidate Supported or Opposed by Evpanditure		House Senate District: 20
Name of Federal Candidate Supported or Opposed by Expenditure:  James Tedisco	•	Check One: X Support Oppose
Calendar Year-To-Date Per Election	205.45	Disbursement For: Primary General 2009
for Office Sought	205.45	Other (specify)
<del></del>	'	
(a) SUBTOTAL of Itemized Independent Expenditures		50.91
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

### SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3/4
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee		Date
Kristian Connolly		M M / D D / Y Y Y
Mailing Address		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1712 Corcoran St., NW Apt #6		Amount
City State	Zip Code	4.90
Washington DC	20009	
Purpose of Expenditure	Category/	Office Sought: X House State: NY
Staff Time	Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure	e:	President District: 20
James Tedisco		Check One: X Support Oppose
		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	205.45	2009 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Sara Amundson		
Mailing Address		
1627 A Street, NE		Amount
City State	Zip Code	5.74
Washington DC	20002	
Purpose of Expenditure	Category/	Office Sought: X House State: NY
Staff Time	Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure	e:	President District: 20
James Tedisco		Check One: X Support Oppose
Odhada Van Ta Bala Bar Floria		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	205.45	2009 — — — — — — — — — — — — — — — — — —
Full Name (Last, First, Middle Initial) of Payee		
Mike Markarian		Date
Mallian Address		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1206 Maryland Avenue, NE		Amount
·	Zip Code	32.91
City State Washington DC	20002	
Purpose of Expenditure	Category/	Office Sought: X House State: NY
Staff Time	Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure	_ <b></b> e:	President District: 20
James Tedisco		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	205.45	2009 Cother (specify)
(a) OUDTOTAL of head and had a conduct English and		43.55
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

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SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee	Date
Richard Patch	03 20 7 7 7 9
Mailing Address	
5500 Sherier Place, NW	Amount
City State Zip Code	9.01
Washington DC 20016	
Purpose of Expenditure Category/	Office Sought: X House State: NY
Staff Time Type	House Senate District: 20
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 20
James Tedisco	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
	5.45 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Kristen Everett	Date
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 717 Fallsgrove	Amount
#1133	95.66
City State Zip Code Rockville MD 20850	33.00
Purpose of Expenditure  Category/  Staff Time  Type	Office Sought: X House State: NY
1,700	House Senate District: 20
Name of Federal Candidate Supported or Opposed by Expenditure:  James Tedisco	President
	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Elizabeth Crinion	M M / D D / Y Y Y
Mailing Address	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1513 Mass Avenue, SE	Amount
City State Zip Code	6.32
Washington DC 20003	
Purpose of Expenditure Category/	Office Sought: X House State: NY
Staff Time Type	House Senate District: 20
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
James Tedisco	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought 205	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	110.99
(a) 3351017E of Romizou musperident Expenditules	
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	205.45
(carry total from last page forward to Line 7)	